CLAIMS ONLY

	Application Number	Filing Date
	Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		/				
6						
7	1					
8		1				
9		1				
10		1				
11		/				
12		/				
13	1	/				
14		/				
15		/				
16		/				
17		1				
18		1				
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Total Indep						
Total Depend						
Total Claims						

		Indep	Depend	Indep	Depend	Indep	Depend
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100							
Total Indep							
Total Depend							
Total Claims							